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Public Health Surveillance System Update

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Syndromic Surveillance Epidemiologist

The Public Health Emergency Surveillance System (PHESS) continues to expand and improve.

PHESS is Indiana's syndromic surveillance system that provides early detection for acts of bioterrorism, disease outbreaks, and other public health emergencies. Currently, patient chief complaint data from 71 hospital emergency departments (ED) are transmitted in near-real time to epidemiologists at the Indiana State Department of Health (ISDH). ED chief complaints are processed by a data analysis tool called ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics). PHESS epidemiologists use ESSENCE daily to identify elevations in syndromes that may potentially signal a health-related emergency.

The latest PHESS enhancement allows appropriate organizations expanded access to PHESS data through ESSENCE. The ISDH is providing ESSENCE orientation for hospitals submitting data to the PHESS as well as for local health departments (LHD) to enable access to their local data. This has two benefits. First, ESSENCE provides these partner organizations with a very effective tool they can use to monitor their data. Second, establishing ESSENCE users in this way will allow the ISDH to very rapidly and effectively conduct follow-up for suspicious syndromic data alerts. Feedback from ESSENCE orientation participants has been extremely positive.

To date, 24 PHESS hospitals and 9 LHDs have received ESSENCE orientation and can access their data. The remaining PHESS hospitals and their respective LHDs are targeted to receive ESSENCE orientation by the end of August 2007.

<u>Article</u>	Page No.
Public Health Surveillance System Update	1
Public Health Nurse Conference Announcement	2
Public Health Nurse Conference Registration Form	4
Mumps Laboratory Specimen Submissions	5
Training Room	6
Data Reports	7
HIV Summary	7
Disease Reports	8

Public Health Nurse Conference

You spoke and we listened.

The ISDH will host the 2007 Public Health Nurse Conference on **Friday, June 8, at the Indiana Government Center South**. Based on your feedback and surveys from last year's program, we have designed this year's program to include concurrent breakout sessions based on topics of interest you suggested. We will also allow for a longer lunch break. Free parking is available at the Indiana State Government Center South garage **by presenting the coupon at the bottom of the registration form**.

AGENDA

9:00-9:15	Welcome/Introductions	Judith A. Monroe, M.D.; Mary Hill (invited)
9:15-9:30	PHESS Update	Ryan Gentry
9:30-9:45	Cultural Competence	Antoniette Holt
9:45-10:10	Vaccine-Preventable Disease	Wayne Staggs, Karee Buffin
10:10-10:20	Break	
10:20-11:10	Concurrent Session 1	
11:10-12:30	Lunch (on your own)	
12:30-1:20	Concurrent Session 2	
1:20-1:30	Break	
1:30-2:20	Concurrent Session 3	
2:20-2:30	Break	
2:30-3:30	Outbreak Case Study	Pam Pontones

Concurrent Sessions

Topics	Presenter(s)
Case Investigation/Surveillance	Jim Howell, Tracy Powell
Tuberculosis	Sarah Burkholder, Tina Feaster, Shameer Poonja
Outbreak/Epi-Ready	Tom Duszynski
HIV/STD Investigation	Bell Flower Clinic Disease Intervention Specialists
Hepatitis A-E	Jean Svendsen, Mike Wilkinson, Lynae Granzow

We have designed the concurrent sessions to provide more in-depth discussion about topics last year's participants suggested in the surveys. Although concurrent session seating is limited to 25 participants, we will offer each session all three times. Participants may choose which three sessions they would like to attend. Following the conference, we plan to provide all local health departments with a CD that will include all sessions.

Case Investigation/Surveillance will provide information helpful to new(er) public health nurses. This session will focus on the importance of reportable disease surveillance and will discuss what diseases are reportable, who needs to report, completing and submitting case investigation forms, and how reportable disease data are used at the ISDH. This will also be an opportunity to discuss barriers and solutions to reporting and the future of reportable disease surveillance. This session will include other "Public Health 101" information.

Tuberculosis will focus on "TB 101" for public health nurses, including case and contact investigations, direct observed therapy (DOT), and treatment options. Current TB statistics for Indiana and available resources will also be discussed.

Outbreak/Epi-Ready will describe outbreak investigations, including the investigation process, roles and responsibilities of the investigation team, basic principles of epidemiology, and laboratory specimen collection.

HIV/STD Investigation will focus on case investigation of HIV and sexually transmitted diseases. This is an honest and open discussion on conducting case interviews, including the current terminology, sensitive questions, trends, and risk factors.

Hepatitis A-E will describe five types of viral hepatitis, including case definitions, disease progression, case investigations and reporting, acute versus chronic cases, and interpretation of laboratory results.

Please fax your registration form by May 1, 2007, to Trish Manuel at 317.234.2812 or send by e-mail to tmanuel@isdh.in.gov. You will receive confirmation that your registration has been received.

**PUBLIC HEALTH NURSE CONFERENCE
REGISTRATION FORM
FAX 1.317.234.2812
REGISTRATION DEADLINE: MAY 1, 2007**

Name _____ Phone # (____) _____

Local Health Department _____

Health Department Address _____

Email Address _____

Since space is limited for the concurrent sessions, please indicate your first, second, and third topic choices for each session. We will accommodate your choices as space allows.

Concurrent Session Topics

Presenter(s)

Case Investigation/Surveillance
Tuberculosis
Outbreak/Epi-Ready
HIV/STD Investigation
Hepatitis A-E

Jim Howell/Tracy Powell
Sarah Burkholder, Tina Feaster, Shameer Poonja
Tom Duszynski
Bell Flower Clinic Disease Intervention Specialists
Jean Svendsen, Mike Wilkinson, Lynae Granzow

Concurrent Session 1 choices 1 _____
2 _____
3 _____

Concurrent Session 2 choices 1 _____
2 _____
3 _____

Concurrent Session 3 choices 1 _____
2 _____
3 _____

Please allow this person to park in the Indiana Government Center parking garage at no charge in order to attend the Public Health Nurse Conference in Conference Room B of the Indiana Government Center South today, June 8, 2007, from 9:00 a.m.-4:30 p.m. This event is sponsored by the Indiana State Department of Health, Epidemiology Resource Center.

Mumps Laboratory Specimen Submissions

Karee Buffin, M.S.
Vaccine Preventable Disease Epidemiologist

There have been no reported laboratory-confirmed mumps cases in Indiana for 2007. The ISDH receives very few reports that meet the clinical case definition:

“an illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting for two or more days, and without other apparent cause.”

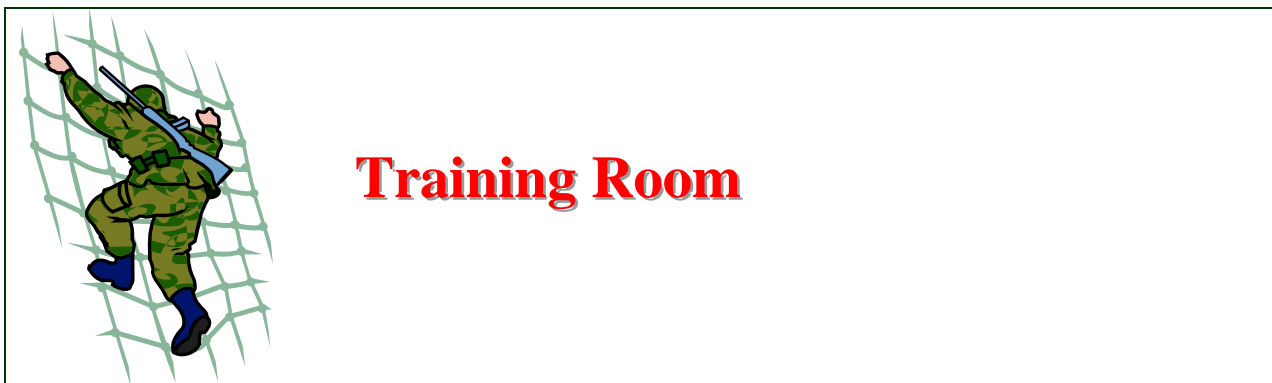
We receive many specimens that cannot be tested. Health care providers submitting buccal swab specimens for mumps PCR testing to the ISDH Laboratories should be aware of several common problems with collection and transport that may render specimens unsatisfactory for testing:

- Buccal swabs **must** be placed in viral transport medium following collection.
- Buccal swabs should be **collected within 9 days** of symptoms onset.
- Buccal swabs arriving to the Laboratories **warm cannot be tested**.

Remember to send or ship specimens as soon as possible. Avoid shipping over weekends or on holidays. In these instances, maintain specimen(s) under refrigeration until the following Monday, then ship with cold packs.

Following these procedures will decrease time and effort required for testing.

A complete guide for mumps laboratory specimen collection including serologic testing can be found at the following Web address: www.in.gov/isdh/pdfs/HCPmumps_info2.pdf



INDIANA STATE DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM PRESENTS:

Immunizations from A to Z

Immunization Health Educators offer this FREE, one-day educational course that includes:

- Principles of Vaccination
- Childhood and Adolescent Vaccine-Preventable Diseases
- Adult Immunizations
 - Pandemic Influenza
- General Recommendations on Immunization
 - Timing and Spacing
 - Indiana Immunization Requirements
 - Administration Recommendations
 - Contraindications and Precautions to Vaccination
- Safe and Effective Vaccine Administration
- Vaccine Storage and Handling
- Vaccine Misconceptions
- Reliable Resources

This course is designed for all immunization providers and staff. Training manual, materials, and certificate of attendance are provided to all attendees. Please see the Training Calendar for presentations throughout Indiana. Registration is required. To attend, schedule/host a course in your area or for more information, please reference

<http://www.IN.gov/isdh/programs/immunization.htm>.

ISDH Data Reports Available

The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:

http://www.IN.gov/isdh/dataandstats/data_and_statistics.htm

HIV/STD Quarterly Reports (1998-June 06)	Indiana Mortality Report (1999, 2000, 2001, 2002, 2003, 2004)
Indiana Cancer Incidence Report (1990, 95, 96, 97, 98)	Indiana Infant Mortality Report (1999, 2002, 2003, 2004)
Indiana Cancer Mortality Report (1990-94, 1992-96)	Indiana Natality Report (1998, 99, 2000, 2001, 2002, 2003, 2004)
Combined Cancer Mortality and Incidence in Indiana Report (1999, 2000, 2001, 2002, 2003)	Indiana Induced Termination of Pregnancy Report (1998, 99, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Health Behavior Risk Factors (1999, 2000, 2001, 2002, 2003, 2004, 2005)	Indiana Marriage Report (1995, 97, 98, 99, 2000, 2001, 2002)
Indiana Health Behavior Risk Factors (BRFSS) Newsletter (9/2003, 10/2003, 6/2004, 9/2004, 4/2005, 7/2005, 12/2005, 1/2006, 8/2006, 10/2006)	Indiana Infectious Disease Report (1997, 98, 99, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Hospital Consumer Guide (1996)	Indiana Maternal & Child Health Outcomes & Performance Measures (1990-99, 1991-2000, 1992-2001, 1993-2002, 1994-2003)
Public Hospital Discharge Data (1999, 2000, 2001, 2002, 2003, 2004, 2005)	

HIV Disease Summary

Information as of February 28, 2007 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

381	New HIV cases from March 2006 thru February 28, 2007	12-month incidence	6.62 cases/100,000
3,709	Total HIV-positive, alive and without AIDS on February 28, 2007	Point prevalence	64.48 cases/100,000

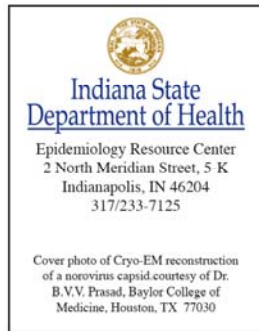
AIDS cases to date:

317	New AIDS cases from March 2006 thru February 28, 2007	12-month incidence	5.51 cases/100,000
3,951	Total AIDS cases, alive on February 28, 2007	Point prevalence	68.69 cases/100,000
8,173	Total AIDS cases, cumulative (alive and dead)		

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in February MMWR Weeks 5-8		Cumulative Cases Reported January –February MMWR Weeks 1-8	
	2006	2007	2006	2007
Campylobacteriosis	28	25	30	30
Chlamydia	1,705	1,424	3,291	3,046
<i>E. coli</i> O157:H7	3	0	5	0
Hepatitis A	2	1	3	1
Hepatitis B	1	2	1	2
Invasive Drug Resistant <i>S. pneumoniae</i> (DRSP)	12	9	15	22
Invasive pneumococcal (less than 5 years of age)	11	7	11	9
Gonorrhea	758	554	1,468	1,259
Legionellosis	3	1	3	3
Lyme Disease	0	0	0	0
Measles	0	0	1	0
Meningococcal, invasive	1	5	1	6
Pertussis	19	1	19	1
Rocky Mountain Spotted Fever	0	0	0	0
Salmonellosis	45	39	48	40
Shigellosis	14	3	15	8
Syphilis (Primary and Secondary)	5	2	14	5
Tuberculosis	7	17	18	25
Animal Rabies	0	0	0	0

For information on reporting of communicable diseases in Indiana, call the *Epidemiology Resource Center* at 317.233.7125.



The *Indiana Epidemiology Newsletter* is published monthly by the Indiana State Department of Health to provide epidemiologic information to Indiana health care professionals, public health officials, and communities.

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